



"Compliance at Your Fingertips"

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Contractor Setup

|                                     |   |  |  |
|-------------------------------------|---|--|--|
| EIN/SSN:                            | <input type="text"/>                    |  |  |
| Contractor Name:                    | <input type="text"/>                    | Abrev:   | <input type="text"/>                                     |
| Address 1:                          | <input type="text"/>                    |  |  |
| Address 2:                          | <input type="text"/>                    |  |  |
| City:                               | <input type="text"/>                    | State:   | <input type="text" value="v"/> Zip: <input type="text"/> |
| County:                             | <input type="text"/>                    |  |  |
| Phone Number:                       | <input type="text"/>                    | <b>Administrator Information</b>   |  |
| Toll Free Number:                   | <input type="text"/>                    | Email Address:   | <input type="text"/>                                     |
| Fax Number:                         | <input type="text"/>                    | First Name:  | <input type="text"/>                                     |
|                                     |   | Last Name:   | <input type="text"/>                                     |
| Business Type:                      | Standard <input type="text" value="v"/> |  |  |
| Minority Type:                      | None <input type="text" value="v"/>     |  |  |
| Fringe Type:                        | <input type="text" value="v"/>          |  |  |
|                                     |   | Note: The Administrator Information added here automatically creates an account for that user. |  |
| Contractor License #:               | <input type="text"/>                    |  |  |
| Specialty License #:                | <input type="text"/>                    |  |  |
| Other License Type:                 | <input type="text"/>                    |  |  |
|                                     |   | Other License #:   | <input type="text"/>                                     |
| Self-Insured Certificate #:         | <input type="text"/>                    |  |  |
| Workers Comp Policy #:              | <input type="text"/>                    |  |  |
| Contractor PWCR :                   | <input type="text"/>                    |  |  |
| Debarred/Suspended:                 | <input type="text"/>                    |  |  |
| Base Rate Exception                 | <input type="checkbox"/>                |  |  |
| Fringe Exceptions 4c:               | <input type="text"/>                    |  |  |
| Additional Signature Page Remarks : | <input type="text"/>                    |  |  |
| Custom Confidentiality Notice:      | <input type="text"/>                    |  |  |